**Domain Group: Women/Maternal**

 **Expert Guest(s): Dr. Jackson Sobbing, Dr. Randall Morgan**

 **Lead Staff: Kelli Mark Recorder: Jennifer Miller**

**Focus Area:** *Provide brief responses to the following questions related to the focus area/issue.*

| **Discussion Questions** | **Comments** |
| --- | --- |
| 1. What is the problem/focus issue?
 | The annual preventive medical/well visit for women of reproductive age and postpartum women.Timing of well visits: How often should women see the doctor and does it vary by age or during critical periods (more or less often)?Services: What should be happening during the well visit (screenings, conversations, expectations). *Note:* Include special messaging for the population of postpartum women that need a well visit after delivery, especially for those that are covered by Medicaid considering they will lose coverage 60 calendar days following delivery. The postpartum visit might be the only one the woman has in the entire year after pregnancy.  |
| 1. Who is the target audience for the message(s)?
 | Audiences should be patient and provider if possible; if need to focus on one it will be the woman/patient in regard to education about access and services based on recommendations for best health.  |
| 1. What type of document/ product related to outreach/ messaging are you preparing (what is the purpose) and why? (action alert, infographic, bulletin, etc.)
 | **Action Alert/Call to Action****(Use data, strategies, tips, and reminders to send the messages to impact behavior; intent is to mobilize and activate/create and drive action across sectors – we are all a part of the solution and can do something now.)** |
| 1. What MCH performance measure does this aim to address/support?
 | **NPM 1: well-woman visit (# of women 18-44 with annual preventive visit in the last year)****Process Measure: % of women educated on the importance of an annual well visit** |
| 1. Outline the case for need:
* Data/negative trends
* Behaviors to target for change that are contributing to the issue
* System and/or policy issues and barriers contributing to the problem
* Other contributing factors

  | **Data: The most current data indicates only 64.8% of Kansas women 18-44 reported receiving an annual well visit in a prior year during 2018 (Source: BRFSS). This is a slight drop from 65.1% in 2016. Based on Kansas MCH network data (Source: DAISEY), only 13.5% of women seen at the local level were educated about the importance of a well visit during 2018. This is a decrease from 15.3% in 2016. Significant improvement is necessary.** **Behaviors to Target:****System and/or Policy Issues:****Barriers to Address:****Other Factors to Consider:**  |
| 1. What are the “asks” from the audience? What changes/actions can make a difference? Specifically, how should we move forward with this “issue” area that needs to be advanced?

(Carry to action alert worksheet.)NOTE: Break strategies/actions for change down by target population and provider or setting type.  |  |
| 1. What key message(s) or resources (phone numbers, websites, etc.) need to be communicated or promoted?

(Carry to action alert worksheet.) |  |
| 1. Sources/References
 |  |

**MCH State Action Plan Objectives & Strategies:**

* Increase the proportion of women receiving a preventive medical visit annually.
* Increase the number of health departments and health centers educating on the importance of an annual well visit and providing on-site assistance for accessing health care coverage (certified application counselors or Medicaid eligibility workers), especially to ensure coverage beyond the post-partum period.
* Utilize peer and social networks for women, including group education models, to promote and support access to preventive care.
* Promote individuals’ responsibility through the development and documentation of personal health plans that include the annual visit.
* Promote consumer awareness about the importance of preconception care, and inter-conception care, and birth spacing.

**What, if any recommendations, does the group have for the MCH State Action Plan related to this issue? Consider and discuss the following:**

|  |  |  |
| --- | --- | --- |
| Is the issue/need adequately addressed in the plan? Circle one (yes or no) and explain. | **Yes** | **No** |
| Does the group recommend any strategies to advance the work or improve the outcomes/measures?Circle one (yes or no) and explain. | **Yes** | **No** |

**Additional Resources:**

* [Well Woman Chart](https://www.womenspreventivehealth.org/wellwomanchart/)
* [Women’s Preventive Services Guidelines](https://www.hrsa.gov/womens-guidelines-2016/index.html)
* [ACOG Well Woman Infographic](https://www.acog.org/About-ACOG/ACOG-Departments/Annual-Womens-Health-Care/Annual-Well-Woman-Exam-Infographic?IsMobileSet=false)

**Significance & Data:**

A well-woman or preconception visit provides a critical opportunity to receive recommended clinical preventive services, including screening, counseling, and immunizations, which can lead to appropriate identification, treatment, and prevention of disease to optimize the health of women before, between, and beyond potential pregnancies. For example, screening and management of chronic conditions such as diabetes, and counseling to achieve a healthy weight and smoking cessation, can be advanced within a well woman visit to promote women’s health prior to and between pregnancies and improve subsequent maternal and perinatal outcomes. The annual well-woman visit is recommended by the American College of Obstetrics and Gynecologists (ACOG). http://www.acog.org/Resources-AndPublications/Committee-Opinions/Committee-on-Gynecologic-Practice/Well-Woman-Visit

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